

215040939
62929

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 86	Agency Case No. B5-092400	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1 10	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/04/2015		(In Military Time)	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1317	10/06/2015	
B 60	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 1227 G ST		PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LATITUDE	
C 8	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
NAME OF INTERSECTING ROADWAY		O FEET O MILES N S E W		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
1227 G ST						
V1/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
VEHICLE NO. 1						
F 9	DRIVER LICENSE NO.			STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N 1	DRIVER	LEGALLY PARKED		PHONE	LOCAL NO.	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
G 1	OWNER	STEVE DRDA		PHONE 402-421-8688	LOCAL NO.	
OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
2553 ARLENE AVE, LINCOLN, NE 68502						
H 1	LICENSE PLATE PA NO.	STS055		YEAR (Plate Expires) 2015	STATE (Of Plate) NE	
V1/O 2	VEHICLE	YEAR 2005	MAKE Dodge	MODEL SRX	BODY STYLE 4 door Sedan	COLOR silver / chrome
V2/O 5	VEHICLE ID NO. (VIN)	1B3EL46T25N676130		ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 3000		
TOWED TO		TOWED BY		INSURANCE COMPANY STATE FARM INSURANCE		
POLICY NO.		073 2807-D11-27A				
VEHICLE NO. 2						
I 7	DRIVER LICENSE NO.			STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/P 8	DRIVER			PHONE	LOCAL NO.	
V2/P 8	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
J 01	OWNER			PHONE	LOCAL NO.	
OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V1/Q 3	LICENSE PLATE NO.			YEAR (Plate Expires)	STATE (Of Plate)	
V2/Q 4	VEHICLE	YEAR	MAKE Unknown	MODEL	BODY STYLE Other	COLOR
K 01	VEHICLE ID NO. (VIN)			ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$		
TOWED TO		TOWED BY		INSURANCE COMPANY		
POLICY NO.						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

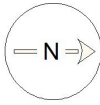
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

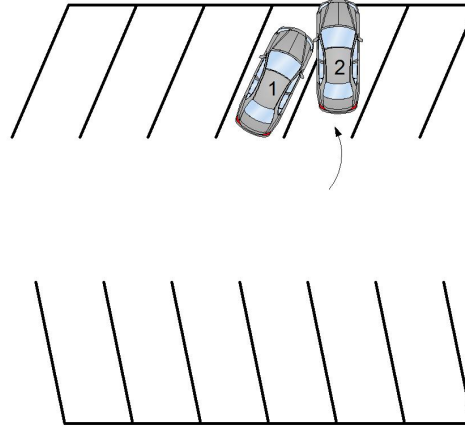
AGENCY CASE NO.
B5-092400



Indicate
North
by Arrow



P.O.I.- 16.2ft South of North
curb or lot
3.5ft East of West curb
of lot



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Bree Drda who has drives vehicle #1 reports that she parked the vehicle in the parking lot of her building overnight. Upon coming out in the morning she observed the front end passenger side of her vehicle damaged. There was no other vehicles in the lot with damage. Vehicle #2 looks as if it went west through the lot cutting the turn sharp and running into front of vehicle #1. No witnesses or suspect vehicles.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1				X	1227 G ST										
2															
1	10				06 Turning left										
2					08 Entering traffic lane										
					VEHICLE 1		VEHICLE 2								
					POINT OF IMPACT	02	POINT OF IMPACT								
					MOST DAMAGED AREA	02	MOST DAMAGED AREA								
					<div style="display: flex; justify-content: space-between;"> <div>00 None</div> <div>02</div> <div>03</div> <div>04</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09 Top & windows</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>10 Undercarriage</div> <div>01</div> <div></div> <div>05</div> </div> <div style="display: flex; justify-content: space-between;"> <div>11 Total (all areas)</div> <div>08</div> <div>07</div> <div>06</div> </div> <div style="display: flex; justify-content: space-between;"> <div>12 Other</div> <div></div> <div></div> <div></div> </div>										
					01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown										

OFFICER NO. 1188	TROOP/ TEAM/ BEAT SW	DEPARTMENT Lincoln Police Department	Photographs taken? <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO </div>
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INVESTIGATOR NAME (Print or Type) Jeffrey Urkevich	INVESTIGATOR SIGNATURE Approved by Ofc Jeff Urkevich	DATE OF REPORT 10/06/2015
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